

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 16-21946		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO.							
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY			COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED											
IN COUNTY OF WARREN			IN <input checked="" type="checkbox"/> CITY LEBANON			DATE OF CRASH: 11/28/16		DAY MON		TIME: MILITARY 1439									
CRASH OCCURRED ON 1916 Drake Rd., Lebanon OH 45036											WITHIN THE INTERSECTION OF								
IF NOT IN INTERSECTION MILES FEET W S E OF											CITY CODE								
LOG-1		LOG-2		LOC		JUR		FH9		FILT									
A UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT USAA											
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Shook, Daniel						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 694 Mulford Rd., Lebanon OH 45036													
PHONE NO. (513) 292-8136		BIRTH DATE 03/22/00		AGE 16		SEX M		SOCIAL SECURITY NO.		STATE OH		DRIVER'S LICENSE NO. UN832607		OCCUPATION					
OWNER (IF SAME AS DRIVER, WRITE SAME) SAME						ADDRESS						PHONE							
VEH YR 84		MAKE Chevy		MODEL Monte Carlo		COLOR Tan		STYLE 2S		STATE OH		LICENSE PLATE NO. GVF5307		TOWING SERVICE		VEH/PED DIR FROM N TO W			
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE									
8 UNIT NO. 2		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Grange Ins Co.											
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Cook, Abbey						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 5223 Othello Dr., Franklin, OH 45005													
PHONE NO. (513) 560-7278		BIRTH DATE 4/30/00		AGE 16		SEX F		SOCIAL SECURITY NO.		STATE OH		DRIVER'S LICENSE NO. UP072867		OCCUPATION					
OWNER (IF SAME AS DRIVER, WRITE SAME) Cook, Ritchie						ADDRESS 5223 Othello Dr., Franklin, OH 45005						PHONE (513) 593-4943							
VEH YR 04		MAKE Toyota		MODEL Solara		COLOR White		STYLE 2S		STATE OH		LICENSE PLATE NO. GRW5728		TOWING SERVICE		VEH/PED DIR FROM E TO W			
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE									
C FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE m d y		AGE		POSITION A B C D E F				INJURIES A B C D E F					
D FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE m d y		AGE		SEX				I FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED					
E FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE m d y		AGE		SEX				CONDITION A B C D E F					
F FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE m d y		AGE		SEX				I APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN					
A B C		INJURED TAKEN TO				By				A B C D E F				ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TESTED					
D E F		INJURED TAKEN TO				By				A B C D E F				I NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN					
A		OFFENSE CHARGED AND DESCRIPTION ORC CITY ORD.				A B C D E F				EJECTION A B C D E F				DRUGS A TESTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B TESTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
O		OFFENSE CHARGED AND DESCRIPTION ORC CITY ORD.				A B C D E F				A B C D E F				I NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG					
RECEIVED CALL 1439		DISPATCHED 1458		ARRIVED 1501		CLEARED 1509		OTHER TIME		TOTAL MINUTES 130		I NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE							
DATE REPORT FILED M D Y		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME T. Coyle II		BADGE NO. 125		CHECKED BY											